



**APPLICATION FOR SURVIVOR BENEFITS  
PROSECUTING ATTORNEYS' RETIREMENT FUND**

State Form 53670 (8-08)

**PROSECUTING ATTORNEYS' RETIREMENT FUND**  
143 West Market Street  
Indianapolis, Indiana 46204-2899  
Toll Free: 1-888-526-1687

\* This agency is requesting disclosure of Social Security Numbers in accordance with IRS Code 3405; disclosure is mandatory and this form will not be processed without it.

- INSTRUCTIONS:**
1. Please submit a copy of both the deceased member's and the surviving spouse's birth certificate. Documents showing the date of birth may be a photocopy of a birth certificate, a baptismal or confirmation certificate, or a court decree. Attach an English translation to any foreign document.
  2. Please submit a copy of the member's death certificate.
  3. Please submit a copy of the marriage license.
  4. Please have this application notarized.
  5. All of the above items must be provided; this application will not be processed without them.

**DECEASED MEMBER INFORMATION**

Name of deceased member (first, middle, last) - Please provide full name; do not use initials.		Social Security Number *
Address at time of death (number and street, city, state, and ZIP code)		
Date of birth (month, day, year)	Date of death (month, day, year)	

**SURVIVING SPOUSE INFORMATION**

Name of surviving spouse (first, middle, last) - Please provide full name; do not use initials.		Social Security Number *
Permanent mailing address (number and street, city, state, and ZIP code)		
Telephone number (       )	Date of birth (month, day, year)	Date of marriage to deceased member (month, day, year)
Signature of surviving spouse		Date (month, day, year)

**CERTIFICATION OF NOTARY PUBLIC**

STATE OF _____	
SS:	
COUNTY OF _____	
The above information was subscribed and sworn to me this _____ day of _____, 20_____.	
Signature of notary public	Printed name of notary public
County of residence	Date commission expires (month, day, year)